

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013946

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2878

STATE FILE NUMBER

FILED MAR 20 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If not at home, give institution) <u>BARNES HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>5877 Plymouth</u>	

3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
<u>CURNIS</u>		<u>MARCH 9 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-3-1927</u>
9. AGE (last birthday) <u>35 yrs</u>		10. BIRTHPLACE (City and state or country) <u>Dances, Carolina</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic worker</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Prezzy Abraham</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Robinson</u>	
14. NAME OF HUSBAND OR WIFE <u>Robert H. Turner</u>		15. INFORMANT <u>Robert H. Turner 5877 Plymouth</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>MALIGNANT NEPHROSCLEROSIS</u>		<u>1 year</u>
DUE TO (b) <u>ESSENTIAL HYPERTENSION, MALIGNANT PHASE</u>		
DUE TO (c) <u>445 X</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Orangeburg S. Car.</u>	
21. I attended the deceased from <u>1/19/63</u> to <u>3/9/63</u> and last saw her alive on <u>3/9/63</u> Death occurred at <u>10:25 a.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>C. D. Vermillion, M.D.</u>	
22b. ADDRESS <u>BARNES HOSPITAL</u>		22c. DATE SIGNED <u>3/10/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem</u>	23b. DATE <u>3-12-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Orangeburg S. Car.</u>	
24. FUNERAL DIRECTOR <u>Manuel Und. Co. 1711 N. Taylor</u>		25. DATE RECD. BY LOCAL REG. <u>MAR 12 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>			

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.